

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit::  
Title:: LOCKING BOLT WORK APPARATUS FOR ATM  
Attorney Docket Number:: D-1223R  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 13  
Small Entity:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Richard
Middle Name::	W.
Family Name::	McCracken
Name Suffix::	
City of Residence::	Austintown
State or Prov. Of Residence::	OH
Country of Residence::	US
Street of mailing address::	162 N. Beverly Avenue
City of mailing address::	Austintown
State or Province of mailing address::	OH
Country of mailing address::	US
Postal or Zip Code of mailing address::	44515

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Scott
Middle Name::	A.
Family Name::	Mercer
Name Suffix::	
City of Residence::	Hanoverton
State or Prov. Of Residence::	OH
Country of Residence::	US
Street of mailing address::	10103 Lindesmith Road
City of mailing address::	Hanoverton
State or Province of mailing address::	OH
Country of mailing address::	US
Postal or Zip Code of mailing address::	44423

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name::  
Family Name:: Bartolomeo  
Name Suffix::  
City of Residence:: North Canton  
State or Prov. Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 7700 Peachmont Avenue N.W.  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Terry  
Middle Name:: L.  
Family Name:: Schreffler  
Name Suffix::  
City of Residence:: Massillon  
State or Prov. Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 1216 Louisa-Marie Avenue N.W.  
City of mailing address:: Massillon  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44646

**Inventor Information**

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	
Family Name::	Suteu
Name Suffix::	
City of Residence::	Canal Fulton
State or Prov. Of Residence::	OH
Country of Residence::	US
Street::	10420 Dellway
City::	Canal Fulton
State or Province::	OH
Country::	US
Postal or Zip Code::	44614

**Correspondence Information**

Correspondence Customer Number:: 28995

**Representative Information**

Representative Customer Number::	28995
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/453,647	03/10/2003
This Application	An application claiming the benefit under 35 USC 119(e)	60/396,642	07/17/2002

**Assignee Information**

Assignee Name:: Diebold Self Service Systems  
division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH